

## RIGHT OF WAY USE Over-The-Counter Driveway PERMIT APPLICATION

C/G Permit #:			Permit #:			
Application Date:			Intake Tech:			
1. Property Address or Location						
2. Property Owner Phone (		ne <u>(</u>	)	E-mail Addı	ress:	
Address	City_			St	_Zip	
3. Review ContactPhone (_		ne <u>(</u>	)	E-mail Addr	ress:	
AddressCity				St	_ Zip	
4. Licensed Contractor				Phone (	)	
State Contractor's License1-800-647-09			Bellevue Busin	ess Reg	(425) 452-6851	
5. Description of	of Driveway Replacement (like-for-like, no change in	size o	or location):			
☐ Bru	shed Concrete/ Asphalt	rete	☐ Pavers or Stones	Other		
	·					
I hereby certify that the information on this application furnished by me is true and correct and that the applicable requirements of the City of Bellevue will be met.						
Signature				Da	ate	
Property Owner or Homeowner						
Call ONE CALL for locates two working days before you dig, drill, or blast. "It's the law" 1-800-424-5555 (RCW 19.122)						
	Section to be completed by the City of Bellevue					
	ROW OTC permit?		YES			
	Start v	ork o	n: <u>Today's Date</u>			
	Start wo	rk tim	e: 8:30 am			
	End v	ork o	n: 6 Months			
	End wo	rk tim	e: 3:30 pm			
	Assurance Device required?		WAIVED			
	Indemnity Agreement required?		YES			

## Qualification Sheet Over-The-Counter Permit for Existing Driveway Replacement

Over-The-Counter Permit for Existing Driveway Replacement					
Address	Permit #				
(like for like). Any driveway work that involves pro	sued for a single family residential driveway replacement oposed changes to the City infrastructure or size of the ne over-the-counter permit and will require plan review.				
What materials will be used for the driveway repl	lacement? (Circle all that apply.)				
Brushed Concrete / Asphalt Exposed Aggregate	Patterned or Stamped Concrete Colored Concrete				
Pavers/Stones Other:					
•	ctions associated with this permit; those inspections are: of work to discuss the project, address questions/issues. materials being poured/installed.				
NOTE: YOU MUST CALL 1-800-424-5555 FOR LOCATES TW SCHEDULE YOUR PRE-CONSTRUCTION MEETING AND STA PERMIT.	O BUSINESS DAYS BUT NOT MORE THAN 10 DAYS BEFORE YOU ART ANY EXCAVATION AUTHORIZED BY THIS				
<ol> <li>All concrete driveways require a full-depth exp</li> <li>No rebar, wire or re-enforcing steel is allowed in</li> </ol>	in the right of way portion of the driveway. be saw cut prior to construction of the driveway; the location of				
Additional requirements A traffic control plan and/or flaggers may be required. meeting to determine if traffic control is required.	Your inspector will work with you at your <b>Pre-construction</b>				
· · · · · · · · · · · · · · · · · · ·	eds the scope of the quick review permit, you will be required to ay involve project delays and additional fees will be assessed.				
require the property owner to complete and record an Right of Way Use Division of the Transportation Depart ANY public purpose, including but not limited to the insresponsible for restoring the driveway to any condition	Increte or similar specialty finishes into the public right of way will Indemnification Agreement with the original returned to the timent. This Agreement states that if the right of way is used for stallation of utilities and sidewalks, the property owner is not meeting the City of Bellevue standard for driveways. Is the original recorded agreement. Additional permitting fees ement being received.				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that my project qualifies for an over-the-counter permit and that I have read, understand, and will comply with the above information. I further acknowledge that I am the owner regarding the property at

the above-referenced address.